

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/2/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/2/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/2/00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/2/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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19	✓ ✓
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21	✓ ✓
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28	✓ ✓
29	✓ ✓
30	✓ ✓
31	✓ ✓
32	✓ ✓
33	✓ ✓
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35	✓ ✓
36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
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44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final	
Original	
51	✓ ✓
52	✓ ✓
53	✓ ✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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